

## ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	ME/2001		9/5/01
O.I.P.E. CLASSIFIER	52		9/5/01
FORMALITY REVIEW	H-S	866	10/04/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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BECAUSE AVAILABLE COPY

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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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7/28/01  
10/04/01